

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 14 2016

1. CARRIER INFORMATION:

2395	MNB Transportation Services, LLC			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
6805 Coolridge Drive, #205			Camp Springs	MD 20748-6940
*Street Address of Principal Place of Business		Apt./Suite	City	State Zip
Mailing Address (if different from street address)		Apt./Suite	City	State Zip
(301) 449-2874		(301) 449-2874	marvin@mntransportation.com	
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

1753575			4308
USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Marvin N Brooks		President	
*Name		*Title	
(301) 449-2874		(301) 449-2874	marvin@mntransportation.com
*Telephone	Other Telephone	Fax	E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process		Telephone	E-mail	
Agent Address (must be inside Metropolitan District)		Apt./Suite	City	State Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

N/A

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
701	2009	IC BU	4DBBUAAP29B063063	H7862C	MD	44	NO
702	2011	IC BU	4DBBUAAPKBB368048	H7861C	MD	44	NO
703	2002	FPEI BS	4UZAA2AH22C585742	H7616C	MD	44	NO
706	1997	IUTL BU	1HVBBAAP9VH469531	H7365C	MD	44	NO
707	1995	IUTE BU	1HVBDAAP40H202710	H6717C	MD	44	NO
708	1995	IUTE BU	1HVBDAAP80H202712	H6734C	MD	44	NO
512	1997	IUTL BU	1HVBBAAP4VH470037	H7353C	MD	44	NO
740	1994	MCI	1M8SDMA2BP046449	09611P	MD	47	NO
741	1998	MCI	1M8PDMTA6WPO50030	10678P	MD	55	NO
							NO

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Marvin Brooks

*Name (type or print)

President / CEO

*Title (not required for sole proprietors)

Marvin n. Brooks

*Signature

1/8/2016

*Date